APPLICATION FOR CREMATION AGREEMENT

I Hereby apply for a Cremation Agreement in accordance with the Board's Policy and Schedule of Fees and Charges and I enclose the sum of **$ 1,930.00**

Particulars of Applicant

Full Name_____

Previous Name or Names (if any)_____

Address _____

_____

_____

Date of Birth _____

Place of Birth _____

I Acknowledge that I have read and fully understand and accept the Conditions of the Cremation Agreement set out on the reverse side of this form.

Signature of Applicant _____

Date _____/_____/_____

Details for Payment by Direct Debit
Account Name: Albany Cemetery Board Bank: Westpac
BSB 036-168 Account Number 479777 Ref: "Surname"

Office Use

Certificate Number _____

Receipt Number _____

Dated _____